

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/576582	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20	/						70						
21							71						
22							72						
23							73						
24	/	-					74						
25	/	-					75						
26	/	-					76						
27	/	-					77						
28	/	-					78						
29	/	-					79						
30	/	-					80						
31	/	-					81						
32	/	-					82						
33	/	-					83						
34	/	-					84						
35	/	-					85						
36	/	-					86						
37	/	-					87						
38	/	-					88						
39	/	-					89						
40	/	-					90						
41	/	-					91						
42	/	-					92						
43	/	-					93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	40	↓		↓		↓	TOTAL IND.		↓		↓		
TOTAL DEP.	72	↔		↔		↔	TOTAL DEP.		↔		↔		
TOTAL CLAIMS	112						TOTAL CLAIMS						